



(PRINT OR TYPE WITH BLACK INK ONLY — DO NOT WRITE IN SHADED AREAS)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Consumer and Regulatory Affairs

APPLICATION FOR CERTIFICATE OF OCCUPANCY

APPLICATION FEE

ISSUANCE FEE

\$20.00

(see fee schedule)

NON-REFUNDABLE

(22) Receipt #

(23) Treas. #

Date 2/11/93

INFORMATION
ON PROPOSED
BUSINESS

(1) Address of Business 1323 E St S.E. Suite/Room # N/A
(2) Telephone No. of Business 547-8380 Lot 847-848 Square 1043
(3) Trade Name of Business CAPITOL CAR CLEANING
(4) Is Business Incorporated? ☒ No ☐ Yes (Attach Letter of Good Standing and complete Line 5)
(5) President _____ Vice President _____ Secretary/Treasurer _____
(6) Is Business a Partnership? ☒ No ☐ Yes
(7) Business Owner Henry N. Chandler Jr. (202) 547-8380
(8) Business Owner's Home Address 6510 Bernard Rd. Capitol Heights Md. Tel. No. (days) _____ Zip Code 20747

INFORMATION
ON
OCCUPANCY

(9) ☒ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use Change ☐ Load Change BZA No. _____
(10) Proposed Use of Business Auto Detailing / Cleaning
HAND WASH & DETAILING ONLY
(11) Is Business Sexually Oriented According to D.C. Zoning Regulations? ☒ No ☐ Yes
(12) Proposed Occupancy Load N/A Square Feet Occupied 90
(13) Which Floors to be Occupied 1ST Basement? N/A
(14) Prior Use Auto Body Shop

INFORMATION
ON ENTIRE
BUILDING

(15) Building Owner Capitol Hill Service Center, Inc. Tel. No. (days) 547-4054
(16) Building Owner's Address 339 Penn. Ave. S.E. Zip Code 20002
(17) Materials of Building Masonry & Brick
(18) Square Feet Occupied 5000 No. of Floors 1 Basement? NO

ATTESTATION
AND
SIGNATURE

I certify that all of the statements on this application are true to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia.

(19) IF OWNER OF BUSINESS Henry N. Chandler Signature 2/11/93 Date

IF AUTHORIZED AGENT FOR OWNER OF BUSINESS (Attach Authorization)

(20) Name of Agent _____ PRINT CLEARLY Signature _____ Date _____

(21) Address of Agent _____ Zip Code _____

OFFICE USE ONLY

INFORMATION
DESK

(24) Premises Condemned ☒ No ☐ Yes Cleared By _____ Date 2/11/93
(25) Building in RLA Zone ☒ No ☐ Yes Cleared By _____ Date 2/11/93
(26) Residential ☒ No ☐ Yes Smoke Det. Info. Given By _____ Date 2/11/93

LICENSE
BRANCH

(27) Licenses Required Auto Wash License
(28) _____ Reviewed By B. Catt Date 2/11/93

ZONING
OFFICE

(29) Zone CM1 BZA No. _____
(30) Prior Use Auto Repair
(31) Certificate # B157994 Date Issued 2/18/89 BZA No. _____ ☐ Approved ☐ Disapproved
(32) Accepted for Filing by _____ Date 2/11/93

EXAMINER'S
USE

(33) Prior Use Code _____ Proposed Use Code _____
(34) Use Change ☐ No ☐ Yes Inspect. Required ☐ No ☐ Yes By _____ Date 2/11/93
(35) Inspection Fee \$ _____ Issuance Fee \$ 27.00
(36) Approved for Issuance by _____ Date 2/11/93

INSPECTION
BRANCH

(37) Date of Scheduled C/O Inspections _____ AM/PM
(38) Inspection Status Approved ☐ Disapproved ☐ By _____ Branch _____ Date _____
(39) Inspector's Signature _____ Printed Name _____
(40) Reason for Disapproval _____

OCCUPANCY
PERSONNEL

(41) ☐ Approved ☐ Denied ☐ Cancelled
By _____
(42) Reason for Cancellation/Denial _____
(43) Certificate of Occupancy No. B164780 76494025 Date of Issuance 2/11/93
(44) Bldg. _____ Elec. _____ Plumb. _____ Fire _____

★ ★ ★
BLRA 17
(Rev. 11/91)

District of Columbia Government
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration Zoning Division
P.O. BOX 37200 — Washington, D.C. 20013-7200

No. B 164780

CERTIFICATE OF OCCUPANCY

Feb. 11, 1993
(date)

HENRY N. CHANCLER, JR.

Permission is hereby granted to _____
to use suite(s) _____ on the **first** floor(s)
of the building located on lot(s) **847-848** square **1043**
known as premises **1323 E Street, S.E.** for the following
purpose(s) **Hand Wash & Detailing Only**
Not sexually oriented. []
su

BZA #:

EXPIRATION DATE:

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES
AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY
for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT
TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE
in the type of business, ownership of business, or part of premises used therefor, will
render this Certificate VOID and a NEW Certificate must be obtained.

ZONE **C-M-1** FEE \$ **27.00**

Aubrey H. Edwards, Director

By

Designee

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